



DESTINATION REPORT

ETHIOPIA

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GENERAL OVERVIEW

Despite being one of only two African nations to avoid prolonged colonization, Ethiopia has not been spared the turbulent governance and conflict shared by most of its neighbors. Economic failures, weaknesses in government ethics and a famine gave way to a communist-led era lasting from 1974 to 1991, a period which saw massive unrest and genocide. Ethiopia has a nominally democratic government, but the ruling Ethiopian People's Revolutionary Democratic Front has remained in power since the first free elections in 1994 by suppressing the opposition. Ethiopia has since experienced successive bouts of civil unrest, many of which end with violent government crackdowns.

Ethiopia is bordered by Kenya to the south, Somalia to the south and east, Djibouti to the northeast, Eritrea to the north, and Sudan and South Sudan to the west. The climate is tropical, but includes wide variations of both temperature and humidity across the country's wide range of altitudes, which create biomes ranging from temperate forests to deserts and fertile plains. Ethiopia experiences a monsoon season from June to September.

Amharic, English, and Arabic are the country's official languages, though the most widely spoken is Orominga, accounting for approximately 34 percent of the population, with a number of local dialects spoken across the country. Ethiopia is predominantly Christian, the majority of whom are Ethiopian Orthodox. The remainder of the population, roughly 35 percent, is Muslim. The largest ethnic groups are the Oromo (35 percent), the Amhara (27 percent), the Tigre (6 percent), and Somali (6 percent).



SECURITY ASSESSMENT

Security Risk Rating

Moderate

Security Risk Overview

The security situation in Ethiopia has historically been stable. However, in 2016 the country experienced significant unrest and associated violence in the Oromia and Amhara regions. On 9 October 2016 the Ethiopian government declared a six-month state of emergency in an effort to stop the unrest and prevent any future outbreaks. The government voted to extend the state of emergency for an additional period until it was lifted on 4 August 2017. Civil unrest largely subsided under the state of emergency. However, many of the underlying tensions in Ethiopian society that sparked the unrest have not been resolved and could again flare up spontaneously at any given time. Petty crime and crimes of opportunity, as well as occasional muggings, do occur. Violent crimes against foreigners are rare, but have been reported in the past, primarily in border regions. In addition, there is a significant risk of terrorism, both local and international. The greatest threat is posed by the Somalia-based militant group al-Shabaab. Border regions with Somalia and Eritrea are unstable. Civil unrest is not uncommon and may devolve into violence.

Hazardous road conditions, precipitated primarily by unregulated and reckless local drivers in poorly maintained or overloaded vehicles, are a concern. There is a threat of major natural disasters in Ethiopia, primarily from seismic activity and monsoons.

Terrorism

There is a threat of indigenous and international terrorist activity in Ethiopia. Potential operations may target Western individuals and interests, and include kidnappings, bombings, infrastructure or transportation targeted attacks, and other violent assault.

Hostility exists between the Ethiopian government and al-Shabaab, which has vowed revenge for Ethiopia's military support of an operation to oust the group from Somalia. Security officials have allegedly foiled numerous attacks in Ethiopia planned by suspected al-Shabaab militants. Border regions with Eritrea and Somalia and the Mercato open-air market area in Addis Ababa have been sites of previous attacks by the group. The areas near the Somalia border carry a heightened risk of kidnapping for Western nationals, particularly in the Dolo Odo area in southeastern Ethiopia. Foreign nationals of Somali origin, including US citizens, traveling through or residing in Ethiopia may be stopped and questioned while entering and departing the country. Detained individuals retain their right to contact their embassy or corresponding foreign mission.

Civil Unrest

The regional presence of armed insurgent groups and a high level of poverty among the population combine to create a situation in which widespread unrest could erupt without warning. Protests among students are fairly common, and have been forcibly dispersed by police in the past. Government forces have been known to crackdown on protesting Islamic-based groups. Violence between the Muslim population and Christians occurs sporadically. Anti-government sentiment is often driven by inter-ethnic tensions.

A wave of anti-government demonstrations began in November 2015 among the Oromo, Ethiopia's largest ethnic group, after the government announced plans to enlarge the

administrative boundaries of the capital, Addis Ababa, into parts of the surrounding Oromia region. Met with opposition from the Oromo, the government dropped its proposal in January 2016, sparking protests amongst the Amhara, the second most populous ethnic group, over other ethnic grievances in the Amhara region. Rights groups and the opposition allege that security forces violently repressed these gatherings killing hundreds of people. According to human rights groups, more than 500 people were killed and thousands more arrested as a result of government crackdown on the protesters. Police allegedly fired live ammunition into crowds and assaulted individuals in custody. The government also shut down internet service (including mobile internet service) in many parts of the country, and blocked social media sites in most parts of Oromia.

Tensions intensified further on 2 October 2016, when over 50 people were killed in a stampede in Bishoftu, Oromia region, after a cultural festival turned into an anti-government protest. Police forcibly dispersed the protesters using tear gas and warning shots, causing panic that triggered a stampede. The events at Bishoftu sparked additional protests, some which approached Addis Ababa. On 4 October 2016, a US citizen was killed in one such protest on the outskirts of Addis Ababa. The individual succumbed to head injuries sustained when protesters threw stones at her vehicle. Though there have been no indications that foreigners are being targeted, the US Embassy in Addis Ababa has warned that vehicular traffic may be a target of protesters.

There was a surge of unrest in late 2017, with dozens of people killed during clashes with security forces in Oromia from September-December. Hundreds of ethnic Oromos and Somalis were arrested due to ongoing violence near the state borders. At least 15 civilians were killed during clashes with security forces in the Oromia region on 12 December, and at least 20 people were killed between 20-27 November in a spate of ethnic clashes between Oromos and Somalis.

The Ethiopian parliament voted to extend the state of emergency for an additional four months on 30 March 2017. The extension comes after Ethiopian security officials warned of the possibility for further unrest and anti-government activities in the country, particularly in rural areas. However, authorities revised some provisions of the state of emergency on 15 March, including lifting some restrictions on radio and television, as well as stopping warrantless arrests and searches.

Gonder has witnessed a series of grenade explosions in 2017, including four in the month of April. These incidents have targeted hotels and private residences. While injuries have been reported in some of these cases, these attacks have had low casualty rates. At least 13 people were injured on 24 August after a grenade attack in Jimma. On 24 April, a grenade exploded at the Lodge du Chateau wounding at least five people, including a foreign national. On 20 April, a grenade was thrown into a private residential compound. On 18 April, a grenade exploded in the Kebele 18 neighborhood. On 1 April, a grenade exploded at the Florida International Hotel. Three people were reportedly injured. On 10 January 2017, a grenade explosion occurred at the Gondaon Intasole Hotel in the Kebele 18 neighborhood. One person was killed in the blast and 19 people were wounded. On 4 January 2017, an explosion occurred near the Grand Hotel in Bahir Dar. No deaths or injuries were confirmed. While no suspects were arrested in any of these incidents, authorities suspect the bombings were orchestrated by anti-government elements and not tied to a terrorist organization.

Ethnic conflict and other violence has also taken place in the Gambella region in southwestern Ethiopia near the border with Kenya. Foreigners have been killed in this area in the past. Similar risks are present in the areas bordering Eritrea, Somalia, and Sudan. Attacks against foreigners-including kidnappings-have been reported in these areas as well.

Personal Security

The US Embassy in Addis Ababa released a travel alert on 20 December urging US citizens to reconsider travel to the Erta Ale Volcano in Afar region after the death of a tourist on 5 December. The German national was reportedly on a tour in the Erta Ale volcano area with his tour guide when they were ambushed by an unidentified armed group.

Local insurgent groups have been known to use terrorist tactics and target civilians. The Ogaden National Liberation Front (ONLF), a separatist group based in eastern Ethiopia, has attacked civilians in the east of the country, with heightened activity in the Ogadeni zones, forming part of the Somali Regional State in Ethiopia.

Crimes of opportunity such as theft or burglary are fairly common, and violent crimes against foreigners have also been reported. These types of crime occur at all times of the day in both crowded and rural areas, though are more common in the outlying areas of larger cities. Petty theft is common in tourist areas, especially the Mercato in Addis Ababa and other open-air markets, and throughout the Bole district of the city.

Crimes of a sexual nature-including sexual assault-are common and vastly underreported due to social stigma. Law enforcement is generally ineffective in investigating and prosecuting these crimes, and cases are often backlogged in the justice system.

Same-sex relations are illegal in Ethiopia and can carry a prison sentence. Violence against lesbian, gay, bisexual, and transgender (LGBT) individuals has been reported.

It is against the law to photograph military or state installations or personnel without express permission.

Several Ethiopian border regions are considered unstable. The border with Eritrea is nominally a demilitarized zone and a continued point of contention between the two countries. There is a threat of attack and kidnapping in areas north of the Shire-Axum-Adigrat Road in Tigray. The border with Somalia is unstable as al-Shabaab militants-a group with a history of kidnapping and killing civilians, particularly Westerners-and armed gangs are active in the area. The Somali-Kenyan border has a heightened risk of armed banditry and ethnic conflict. Ethnic conflict and cross border raids also remain a serious threat along the border with South Sudan, as recent unrest in Jonglei state has displaced tens of thousands of people.

Landmines and unexploded ordnance can be found in rural and border areas. Not all areas will be clearly marked and may shift for various reasons, such as flooding.

Due to its location on the Great Rift fault, Ethiopia experiences volcanic and seismic activity from time to time. Ethiopia is affected by a monsoon season, which runs from June to September. Extensive flooding and damage to infrastructure may occur during heavy rains. Not all infrastructure in Ethiopia may be built to withstand these events.

Law Enforcement

Ethiopian police are generally effective but understaffed and may be unable to properly prevent, respond to, or investigate crime. Impunity among the police forces is common. Arbitrary detention has been reported, especially during pre-election periods. Occasionally, police manning checkpoints may expect, request or demand illegitimate payments from foreigners for real or imaginary violations of local law. Exercise caution when dealing with these officials.

Prison and detention center conditions do not meet international standards. Overcrowding, a lack of sanitation, and a lack of healthcare are concerns. There have been reports of the mistreatment and torture of detainees. Lengthy pretrial detention periods, an overburdened judicial system, and a corrupt judiciary further complicate the justice system. Foreigners who are detained should do everything possible to contact and notify their embassy of their situation, as security forces rarely do so despite their legal obligations.

Transportation

Air: Ethiopia has been rated Category 1 by the International Aviation Safety Assessment Program (IASA). A Category 1 rating means that the country's civil aviation authority has been assessed by FAA inspectors and has been found to license and oversee air carriers in accordance with International Civil Aviation Organization (ICAO) aviation safety standards.

Bus: Buses and minibuses are available for transportation within major cities. Both buses and mini buses are often overcrowded, poorly maintained, and generally inconvenient. In addition, relatively comfortable and cheap buses run between Ethiopia's major cities but, because of the distances involved, they are often impractical due to their slow speed. Avoid overnight journeys on buses as the risk of an accident increases. Drivers are not always checked for alcohol levels and drugs, resulting in higher numbers of bus drivers falling asleep while driving.

Car: The quality of road infrastructure can be inadequate and poor local driving practices heighten risks involved with road travel. Ethiopia's road networks are generally poorly developed, with the exception of roads in major cities and the routes between them. Ethiopia has one of the highest incidences of traffic fatalities in the world, as safety standards are rarely observed. The rainy season can make roads impassable, particularly those in rural areas. If traveling extensively outside major cities, a cell phone should be acquired in case of breakdowns or emergencies. Travel after dark is highly discouraged, particularly outside city limits.

Foreigners who plan on driving should be sure to carry a copy of their passport, proof of insurance coverage, their Ethiopian identity card or visa, and international driver's license (technically only valid for the first seven days in the country, at which point it must be replaced by an Ethiopian driver's license, though this is rarely enforced). There is an inadequate level of emergency road services across various parts of the country. There is a notable risk of road-related criminal activity outside urban areas, where armed bandits operate and have been responsible for incidents of highway robberies and carjackings.

Taxi: Taxis are readily available in major cities such as Addis Ababa. Taxis will not travel on dirt roads outside the major cities, which would require a 4-wheel drive vehicle. Avoid traveling by taxi at night. Only use properly marked taxis, and book through a hotel if possible. Do not get into a taxi if there is an unknown passenger sitting in the vehicle or unattended baggage inside. If unhappy with the direction in which the taxi is traveling, speak calmly yet firmly to the driver in conjunction with the hand gesture to stop in case there is a language barrier. If there is no positive response from the driver, exit the vehicle at the first opportunity.

Train: There are no major long-distance passenger train services in Ethiopia. A light rail system began operations in the Addis Ababa area in late 2015.

Scams, Fraud, Corruption, and Extortion

There are no known scams specific to Ethiopia, but ATM-related fraud has been reported. Common scams against foreigners, regardless of destination, include dating and marriage scams, false employment opportunities, and virtual kidnapping for ransom. Avoid giving out personal information at all costs, especially bank or credit card numbers.

Corruption of the police, the judiciary, and low-level government officials is common. It has been reported that these officials may expect, request or demand illegitimate payments from foreigners for real or imaginary violations of local law or for providing routine services. Exercise caution when dealing with these officials.

Security Advice

Be prepared. Make an effort to understand your destination environment before you travel: identify the possible threats and prevailing situation, understand your own vulnerabilities and take action to mitigate the risks.

Maintain a low profile and good situational awareness. Ensure you travel with reliable communications equipment, test your mobile (cellular) telephone upon arrival at your destination and keep it fully charged. Make note of emergency telephone numbers, including the police, fire department, ambulance, and embassy or consulate.

Avoid all protests and demonstrations to minimize the risk of exposure to incidental violence. Travelers should walk away or wait inside a shop or restaurant if it is not possible to leave the area. Plan alternate routes to circumvent potential protest locations. Seek the assistance of a local host, or travel with a local driver, where possible.

To minimize the risk of becoming a victim of petty theft, travelers should maintain caution and exercise situational awareness at all times. Avoid overt displays of wealth. If confronted by a criminal, do nothing to antagonize the situation. Carry a "dummy" wallet if possible, and carry a passport photocopy at all times.

Carry handbags on the opposite side from passing traffic to reduce the risk of thieves on motorcycles trying to snatch them.

Avoid walking unless you are confident of the security situation. Do not walk by yourself at night in secluded or troublesome areas of the city. Do not take shortcuts away from main roads, which tend to be busy and provide a safer environment.

National holidays and public festivals tend to attract large crowds in some countries. Such public gatherings, despite a typically enhanced security presence, create a potential venue for disorder or violence. In addition, large crowds may well impede local transportation systems.

Do not buy counterfeit or any goods in violation of copyright laws. Doing so may be a violation of local laws and can carry hefty fines or even prison time.

Reduce risk of injury from car crashes by always wearing a seatbelt. Some countries have heavy fines for not wearing a seatbelt. Avoid drinking and driving. Be sure to travel with all appropriate documentation, including passport and visa photocopies. Individuals who intend on driving should be in possession of their International Driving Permit (IDP), vehicle registration, and proof of insurance at all times.

Travelers are subject to the laws of Ethiopia, even if they are not a citizen of Ethiopia. Travelers can also be prosecuted for violating their home country's laws while in a foreign country. Travelers should be aware of the laws and customs of the country they are travelling to in order to avoid prosecution.

HEALTH ASSESSMENT

Health Risk Rating

High

Travel Health Advice

Routine vaccines for preventable diseases, such as measles/mumps/rubella (MMR) vaccine, diphtheria/pertussis/tetanus (DPT) vaccine, chickenpox (or varicella), poliovirus vaccine, etc. are recommended for all travelers.

Prevent against insect bites and insect-borne diseases, such as tick-borne encephalitis or malaria, by using insect repellent and wearing long pants, long sleeve shirts, boots, and hats if possible.

Prevent against foodborne illnesses by avoiding undercooked food and unpasteurized dairy products and washing hands, especially before eating.

Immunizations - Required for Entry

Immunization	Notes
Yellow Fever	There is a risk of yellow fever transmission in Ethiopia. A yellow fever vaccine is required for all travelers over one year of age. The vaccine should be administered at least ten days before travel. While a booster shot is no longer recommended every 10 years, some countries do not allow certificates of vaccination older than 10 years. NOTE: Travelers should be aware that their onward/return destination may require proof of yellow fever vaccination when arriving from a yellow-fever infected area.

Immunizations - General

The following immunizations are recommended for travel to all destinations.

Immunization	Recommendations
Routine	Routine vaccines for preventable diseases, such as measles/mumps/rubella (MMR) vaccine, diphtheria/pertussis/tetanus (DPT) vaccine, chickenpox (or varicella), poliovirus vaccine, etc. are recommended for all travelers.
Hepatitis B Virus (HBV)	Hepatitis B Virus is spread through contact with blood, sexual relations, and contact with contaminated needles. There are several pre-exposure vaccination options available: PEDIARIX (pediatric formulation containing DTaP, HepA/B, and polio vaccines), TWINRIX (three dose HepA/HepB combination series), ENGERIX-B, and RECOMBIVAX HB. The full course of three injections is recommended prior to travel.

Influenza (flu)	Influenza is spread between humans through sneezing, coughing, and can be spread by touching objects contaminated with the virus. There are two types of pre-exposure vaccinations available: Trivalent Inactivated Influenza Vaccine (TIV), and Live Intranasal Influenza Vaccine (LAIV). TIV is injected into the upper arm or thigh, and LAIV is administered as a nasal spray. Common TIV vaccines include Afluria, Agriflu, FluLaval, Fluarix, Fluvirin, and Fluzone. Common LAIV vaccines include FluMist.
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Vaccine Preventable Diseases Specific to Ethiopia

The following are vaccine preventable diseases that are prevalent in Ethiopia.

Immunization	Recommendations
Hepatitis A Virus (HAV)	Hepatitis A Virus is found in areas with poor sanitation and poor food and water safety, and can be spread through sexual relations, blood transfusions, and needles. Several pre-exposure vaccination options are available: PEDIARIX (pediatric formulation containing DTaP, HepB, and polio vaccines), HAVRIX, VAQTA, TWINRIX (three dose HepA/HepB combination series), AVAXIM, and EPAXAL. The first injection should be administered before departure and a booster after six months.
Meningococcal Disease (Meningitis)	Meningitis remains a serious risk in Ethiopia, with frequent outbreaks and a significant incidence in neighboring countries. Meningococcal disease is spread through contact with the respiratory secretions of an infected person, as well as sharing food and drinks. The disease is most commonly contracted between the months of March and April. Meningococcal conjugate vaccine (MCV4) is the preferred option for ages 2-55. Meningococcal polysaccharide vaccine (MPSV4) is the only vaccine licensed for those over 55 years of age, and is used when MCV4 is unavailable.
Rabies	Rabies is spread through the bite or scratch of an infected animal. Vaccination against rabies does not make a person immune to rabies. Those who have been potentially exposed should still seek treatment. Left untreated, rabies can be fatal. The rabies vaccine is only recommended for travelers involved in any activities that might bring them into direct contact with bats, carnivores, or other mammals.
Typhoid Fever	Typhoid fever is spread through the ingestion of contaminated food or water. Individuals traveling to areas where typhoid fever is common should undergo vaccination at least one week before travel. Booster shots are necessary, as the vaccination loses effectiveness over the course of several years. Two forms of the vaccine are available: an inactivated shot, and a live weakened oral vaccine.

Health Risks in Ethiopia

Health Risks	Details	Recommendations
Altitude Sickness	Symptoms include fatigue, rapid pulse, dizziness, headache, and nausea. Altitude sickness can be life threatening.	To avoid altitude sickness it is recommendable to ascend slowly and stay hydrated. Acetazolamide can help reduce symptoms: 125mg, twice a day for three days, beginning on the first day of ascent, or 12 hours prior to beginning ascent.
Cholera	Cholera is most prevalent in areas with poor sanitation or overcrowding, and is spread through the ingestion of contaminated food or water. Cholera can become rapidly fatal. Cholera vaccines are recommended only for health care or relief workers working in unsanitary conditions, or long-term travelers with unreliable access to health care.	Travelers who opt for vaccination should be aware that there are two oral cholera vaccine options: Dukoral, and Shanchol and mORCVAX (made by different manufacturers). Two oral doses given at least seven days apart (but less than six weeks apart) with protection beginning approximately one week after the second dose. Booster doses are recommended after two years. Vaccination against cholera is not a substitute for basic precautions such as boiling drinking water, thoroughly cooking food, and washing and peeling fruits and vegetables. A one gram dose of azithromycin also can effectively treat cholera.
Dengue fever	Dengue fever is spread through the bite of an infected <i>aedes</i> mosquito. Symptoms include headache, sudden-onset fever, rash, and joint pain.	There is no vaccine to prevent against dengue fever. Prevent against bites by using insect repellent (with 30-50% DEET, or 7-15% Picaridin) and wearing long pants, long sleeve shirts, boots, and hats if possible. Stay indoors in areas with screens and air conditioning, if possible. The risk of being bitten by a mosquito is highest in the early morning, several hours after daybreak, and in the late afternoons before sunset. The <i>aedes</i> mosquito, which carries dengue fever, typically lives indoors in dark, cool places like closets, under beds, bathrooms, and behind curtains, as well as around standing water.
East African Trypanosomiasis (Sleeping sickness)	East African Trypanosomiasis is spread through the bite of an infected tsetse fly. Symptoms include headache, fever, joint pain, swelling of the lymph nodes on the back of the neck. Advanced symptoms include sleep disturbances, kidney dysfunction, confusion, weakness, and irreversible neurological damage. Sleeping sickness can be fatal if untreated.	There is no vaccine to prevent against sleeping sickness. Insect repellents are not effective against tsetse flies. Wear long pants, long sleeve shirts, boots, and hats if possible. Stay indoors in areas with screens and air conditioning, if possible. The tsetse fly is most active during the early morning and late afternoon.

<p>Filariasis (Lymphatic)</p>	<p>Filariasis is spread through the bite of an infected mosquito or blackfly. Lymphatic filariasis occupies the lymphatic system, causing a thickening of the skin known as elephantiasis</p>	<p>There is no vaccine to prevent against lymphatic filariasis. Prevent against bites by using insect repellent (with 30-50% DEET, or 7-15% Picaridin) and wearing long pants, long sleeve shirts, boots, and hats if possible. Stay indoors in areas with screens and air conditioning, if possible. The risk of being bitten by a mosquito is highest in hours between dusk and dawn. Most treatments against filariasis, while successful in killing microfilariae, are partially effective to ineffective in killing adult worms.</p>
<p>Hepatitis C Virus (HCV)</p>	<p>Hepatitis C Virus is endemic in Ethiopia and is spread through IV drug use, contaminated needles for tattoos and body piercings, or unsafe medical procedures such as unscreened blood transfusions. Hepatitis C can also be transferred sexually.</p>	<p>There is no vaccine to prevent against Hepatitis C. Travelers are advised to avoid IV drug use and sexual contact with high-risk individuals. Avoid receiving blood transfusions and other procedures that may bring you in contact with contaminated needles, such as tattoos and body piercings.</p>
<p>Hepatitis E Virus (HEV)</p>	<p>There is a risk of Hepatitis E Virus transmission in Ethiopia. Hepatitis E is typically contracted through exposure to raw or uncooked shellfish, or unclean drinking water.</p>	<p>There is no vaccine to prevent against Hepatitis E. Hepatitis E can be avoided through overall care in sanitation, particularly of drinking water.</p>
<p>Leishmaniasis (cutaneous and visceral)</p>	<p>Leishmaniasis is endemic to Ethiopia. The cutaneous form is present in highland areas and Addis Ababa. The visceral form is common in the lowlands and near the Red Sea coast. Leishmaniasis is spread through the bite of an infected sand fly. There is no vaccine to prevent against Leishmaniasis. In rural forests, risk is year-round, with a higher incidence from May through December.</p>	<p>There is no vaccine to prevent against Leishmaniasis. Take the same precautions as for mosquitoes. Be aware that the mesh on any protective netting must be of a finer weave than the norm for prevention of mosquito bites. For netting to be effective against sandflies, it must have at least 18 holes per linear inch (2.54 cm).</p>

Malaria	Malaria is spread through the bite of an infected mosquito. Malaria is present in all of Ethiopia except the capital, Addis Ababa and the highlands.	There is no vaccine to prevent against malaria, but taking a prescription anti-malarial drug and taking proper precautions against mosquito bites may help prevent against transmission. Malaria prophylaxis is recommended if traveling to endemic areas outside major cities. While Doxycycline, Atovaqione/Proguanil, and Mefloquine have been shown to be effective, Chloroquine has been proven ineffective due to developing resistance in this area.
Onchocer ciasis (River Blindness)	Onchocerciasis is a parasitic disease spread through the bite of an infected blackfly. The parasite causes a variety of skin problems that may spread to the eyes and cause blindness.	There is no vaccine to prevent against River Blindness. Since adult worms can live for many years inside the body, doses of the preferred treatment (Ivermectin) for River Blindness may be needed annually or semi-annually over the course of several years. Prevent against bites by using insect repellent (with 30-50% DEET, or 7-15% Picaridin) and wearing long pants, long sleeve shirts, boots and hats if possible. Stay indoors in areas with screens and air conditioning, if possible. Blackflies tend to bite during the day and are found near fast moving bodies of water like rivers and streams.
Rift Valley Fever (RVF)	Rift Valley Fever is generally a disease of livestock that is transmitted through the bite of an infected mosquito. However, it has been transferred to humans in Ethiopia and can have serious symptoms, including hemorrhagic fever and ocular diseases.	Humans contract RVF through bites from insects with contaminated mouthparts, as well as through exposure to the blood, fluids, or tissues of infected animals. Take all precautions against insect bites, and avoid coming into contact with the bodily fluids of animals.
Schistosomiasis	Schistosomiasis is spread via larvae that swim in fresh water, and through sexual contact with infected individuals. Symptoms include a rash, weakness, fever, bloody urine and diarrhea. Infected individuals may not exhibit symptoms for four to six weeks after contracting schistosomiasis. Risk of contracting schistosomiasis exists throughout the country, with the exception of Ogaden region.	There is no vaccine to prevent against schistosomiasis. Do not swim in bodies of freshwater. Schistosomiasis cannot be contracted in chlorinated swimming pools or in bodies of salt water. The use of insect repellent may be effective, but is unreliable. Travelers who come in contact with bodies of fresh water should clean their skin with rubbing alcohol and a clean, dry towel.

Tuberculosis (TB)	<p>Tuberculosis is spread through contact with the respiratory secretions of an infected person. Vaccination is available but only recommended for health care workers and those with prolonged exposure to infected populations.</p>	<p>The Bacillus Calmette-Guérin (BCG) vaccine has historically been used at birth in most developing countries to prevent against TB. Results in adults have varied with effectiveness of between 0 and 80 percent. The BCG vaccine is also reported to interfere with TB testing in some cases. Individuals who anticipate prolonged exposure to TB areas should undergo the tuberculin skin test (TST) or interferon-γ release assay (IGRA) both before leaving the United States and eight to ten weeks after returning from travel.</p>
Typhus, Louse Borne	<p>Typhus is common in overcrowded, unhygienic environments and is spread through the bite of infected human body lice. Symptoms include a high fever, delirium, severe pain, rash, back pain, and vomiting.</p>	<p>There is no vaccine to prevent against louse-borne typhus. Prevent against bites by using insect repellent (with 30-50% DEET, or 7-15% Picaridin) and wearing long pants, long sleeve shirts, boots, and hats if possible. Stay indoors in areas with screens and air conditioning, if possible. Minimize exposure to animals. The antibiotic doxycycline is the most common treatment for typhus. Typhus does not typically cause fatalities, even without treatment.</p>

Food and Water Safety

In general, tap water in Ethiopia is not considered potable. Stick to bottled or boiled water and avoid ice cubes. Thoroughly wash and peel fruits and vegetables and avoid undercooked or raw meat and seafood as these are often the source of foodborne illnesses. Some larger international hotels and restaurants are presumed to serve safe food and potable water. Avoid the consumption of unpasteurized dairy products and food purchased from street vendors.

Medical Facilities and Services

Medical facilities are limited in Ethiopia. Hospitals and clinics in Addis Ababa and other major cities are often understaffed and may not be able to provide adequate care due to a lack of medicine and equipment. Private hospitals as well as state run institutions generally provide sub-standard services, and are often in inadequate hygienic condition. Patients are advised to double check expiration dates of prescribed medicine, and are cautioned to only use drugs from the US or Europe. Medical treatment in rural areas may be nonexistent. Emergency care is limited. Bring adequate amounts of necessary medications for the intended stay, as similar medications are unlikely to be found in Ethiopia.

DESTINATION DETAILS

Time Zones

From 1 January to December 31, East African Time (EAT): GMT +3 Hours
Ethiopia does not observe Daylight Saving Time.

Currency

Ethiopian Birr (ETB)

Credit Cards

Credit cards, usually limited to Diners Club or MasterCard, are only accepted at a few major hotels, airline offices, and travel agencies in Addis Ababa. Cash advances are available from some branches of Dashen Bank that are almost exclusively in the capital. Travelers should always notify their bank of their travel plans to avoid having their account frozen.

ATMs

ATMs are increasingly available in major cities, but generally only accept major credit and debit cards. Travelers should check with their bank before their trip about any fees that might be charged with ATM use.

Banking Hours

From Monday to Thursday 08:00-15:00, Friday 08:00-11:00 & 13:30-15:00, and Saturday 08:30-11:00.

Hours may vary with bank and location.

Major Holidays

Services and transportation may be affected on/around these holidays:

Date	Holiday
07 January 2018	Genna (Ethiopian Christmas Day)
19 January 2018	Timket (Epiphany)
02 March 2018	Victory of Adowa
6 April 2018	Siklet (Ethiopian Good Friday)
8 April 2018	Fasika (Ethiopian Easter Sunday)
01 May 2018	Labor Day
05 May 2018	Arbegnoch (Patriots' Victory Day)
28 May 2018	Derg Downfall Day
15 June 2018	Id al-Fetir (End of Ramadan)
22 August 2018	Id al-Adha (Feast of Sacrifice)
11 September 2018	Ethiopian New Year (Enkutatash)

27 September 2018	Meskel (Discovery of the True Cross)
21 November 2018	Mawlid (Birth of the Prophet Muhammad)

NOTE: Elections for the House of the Federation will take place in 2018.

Voltage Information

220 V, 50 Hz -- Plug type: D, J, L

International Airports

Airport Name	Airport Code	Airport Location
Addis Ababa Bole International Airport	ADD	Addis Ababa, Addis Ababa
Aba Tenna Dejazmach Yilma International Airport	DIR	Dire Dawa, Dire Dawa

ENTRY & EXIT REQUIREMENTS

The following information is for citizens of the United States. If you are a citizen of a country other than the United States, contact an embassy or consulate for up-to-date requirements. For additional questions regarding entry/exit requirements, contact Global Rescue at (+1) (617) 459-4200.

A passport valid for at least six months following the date of arrival, a visa, and an onward/return ticket are required for entry. Travelers are advised to obtain a visa at the nearest Ethiopian Embassy prior to arrival. One month or three month single entry visas can be obtained by US citizens-with the exception of individuals of Eritrean or Somali origin-at Bole International Airport (ADD) in Addis Ababa. Current visa fees are USD 50 for one month and USD 70 for three months. Visas cannot be obtained at any other entry points into the country, but can be extended at the Main Immigration Office in Addis Ababa. Eritrean nationals will be required to submit additional forms during the visa application process, which may take longer than usual.

Individuals arriving from areas with risk of yellow fever transmission must have proof of vaccination. Those who intend to work in Ethiopia for a period of more than three months must apply for a residence card/work permit and receive said card before they can legally begin work.

IMPORT RESTRICTIONS

The following items are permitted: 200 cigarettes OR 50 cigars OR 225 grams of tobacco; 1 liter of alcoholic beverages; and two bottles of perfume.

The following restrictions apply: All pets or other animals being brought into the country require a veterinarian health certificate and a rabies vaccination certificate issued from the country of residence. All electronic items including DVD players, recorders, computers, and cell phones must be declared. Visitors to Ethiopia must complete a customs declaration form, viable for six weeks after issuance, if bringing in large sums of cash. Restrictions apply on the import of local currency, limited to ETB 100.

The following items are prohibited: Firearms; explosives; ammunition; knives; other deadly weapons; illegal drugs; and, pornographic material.

EXPORT RESTRICTIONS

The following restrictions apply: All electronic items including DVD players, recorders, computers, and cell phones must be declared. A bank notice is required for the export of foreign currency over USD 3,000 in value. The sum of currency exported must not exceed the amount declared upon arrival. The export of ETP 100 in local currency is allowed provided the individual carries a re-entry permit. The export of valuable animal skins or precious antiques requires export certificates.

The following items are prohibited: Firearms; explosives; ammunition; knives; other deadly weapons; illegal drugs; ivory, precious metals and semi-precious gems weighing more than 100 grams; precious gems weighing more than 30 grams; and, pornographic material.

IMPORTANT NUMBERS

Intl. Country Code	+251
Fire	93
Police	91
Ambulance	92

Contact Information for Select Embassies

US Embassy in Addis Ababa

Entoto Street, P.O. Box 1014
Addis Ababa
Telephone: (+251) 11-130-6000
After-hours Telephone: (+251) 11-130-6911

UK Embassy in Addis Ababa

Comoros Street
Addis Ababa, 858
Telephone: (+251) 11-617-0100
Emergency Telephone: (+251) 912-501-107

Australian Embassy in Addis Ababa

Cape Verde Street (Turkish Compound)
Kebele 03, House No. 734
Bole Sub City, Addis Ababa
Telephone: (+251) 11-667-2678

For other embassies, contact Global Rescue at (+1) (617) 459-4200.